Reading Chatelaine: Dr. Marion Hilliard and 1950s Women’s Health Advice

Kaitlynn Mendes
De Montfort University

ABSTRACT This article explores key themes and discourses surrounding women’s health advice written by Dr. Marion Hilliard between 1954 and 1957. Her works, published in eight Chatelaine articles and a 1957 book, are of particular significance because they demonstrate some of the many paradoxes Canadian women faced: women were told to stay at home and be housewives, but that they could have an identity of their own; that women too were sexual beings, but that their sexuality was confined within heterosexual, monogamous limits. Hilliard’s articles are important because they not only demonstrate the extent to which patriarchy defined women’s roles, nature, and sexuality, but also how the mass media at times provides opportunities to challenge these dominant ideologies.

KEYWORDS Discourse analysis; History; Feminist theory; Ideology; Magazines

RÉSUMÉ Cet article explore les points majeurs et les discours liés aux conseils sur la santé féminine offerts par le Dr Marion Hilliard entre 1954 et 1957. Ses écrits, publiés dans huit articles parus dans Châtelaine ainsi que dans un livre de 1957, ont une grande importance car ils explorent quelques-uns des nombreux paradoxes confrontant les femmes canadiennes à l’époque : en effet, on recommandait alors aux femmes d’être femmes au foyer, tout en leur disant qu’elles pouvaient avoir une identité propre; on leur disait qu’elles aussi étaient des êtres sexuels tout en insistant que leur sexualité s’exprime de manière hétérosexuelle et monogame. Dans l’ensemble, les articles d'Hilliard sont très utiles pour l'exploration de la distance parcourue dans la construction du rôle, la nature et la sexualité de la femme, ainsi que des manières diverses dont les médias ont mis en question ces idéologies dominantes au cours de cette période tumultueuse.

MOTS CLÉS Analyse de discours; Histoire; Théorie féministe; Idéologie; Magazines

Introduction

The 1950s was a decade synonymous with domesticity and the suburbs, where popular images applauded the doting housewife who stayed at home while her husband went off and worked in the city. However, recent revisionist history has shown that not all women agreed with or conformed to these images (Korinek, 2000; Prentice, Bourne, Brandt, Light, Mitchinson & Black, 1996). This article explores the work of one such woman: Dr. Marion Hilliard, a prominent Toronto-
based doctor, who wrote eight articles for *Chatelaine* magazine between 1954 and 1956, as well as a book, *A Woman Doctor Looks at Love and Life* (1957). Her writings are significant because they offer clear, straightforward information about private matters such as health and psychology—topics that were largely absent in women's magazines (and elsewhere) during this period. Furthermore, Hilliard's articles at times challenged patriarchal notions of women's health, sexuality, and nature, demonstrating how the mass media could effectively be used to promote social change and question dominant values. While she was praised for her ground-breaking messages (Korinek, 2000), there are also contradictions within her work that merit closer inspection, as they shed light on changing values in Canadian society during the 1950s. Consequently, this paper will examine Hilliard's book, her *Chatelaine* articles, and letters to the editor in response to these articles.

The 1950s in Canada

In order to understand Hilliard's writings, it is first important to understand the time in which she lived. After the devastating effects of World War II, this postwar era was known as a time of “home dreams” (Parr, 1995, p. 4), where the (White) middle-class nuclear family was idealized as the norm. This arrangement was (re)established after the war, when women, who replaced men in the war, were kicked “out of the work force and into the ranch house” (Fraser, 1997, p. 165). Consequently, the public sphere once again became constructed as intrinsically “masculine,” and the private sphere as “feminine” (Macdonald, 1995), re-establishing a patriarchal, gendered hierarchy. Despite women's expulsion from the public sphere, it also became clear that society was changing. Many women who had been in the paid work force during the war effort were unhappy with their postwar eviction (Bryson, 2003). They began to recognize that their positioning within the home had more to do with ideology than biology, and they began to question the division of spheres (de Beauvoir, 1989; Friedan, 1963).

Despite attempts to introduce stability into society through narrow gender roles, the 1950s witnessed political, economic, and social change (Crabb, 1997). Divorce rates were rising, juvenile delinquency was common, and there was a general anxiety about communism and nuclear weapons (Gleason, 1997). While some clung to notions of the traditional nuclear family, there was an ongoing debate around married women in the work force (Crabb, 1997; Light & Pierson, 1990). Most Canadian and American home and family experts argued that women's basic satisfaction came from domestic service and tending to others (Prentice et al., 1996; Strong-Boag, 2002). *The Canadian Mother and Child* (1940), for example, noted:

> The birth of a baby is the most glorious achievement in the life of a woman, for, in becoming a mother, she completely fulfills the special purpose of her existence as a woman. It is also an event which should bring her great satisfaction and real joy. (cited in Crabb, 1997, p. 97)

Such discourses, upheld by science and medicine, restricted Canadian women's lives, as postwar experts assumed that discontent in stay-at-home wives and mothers was a sign of personal deficiency (Anderson, 1996; Crabb, 1997), rather than dissatisfaction with socially constructed gender roles.
The 1950s mass media

Just as Canadian women were ushered back to the home in the 1950s, mediated images of women reflected these changes in television and magazines. Images of Rosie the Riveter, which had permeated society through the war effort, disappeared in favour of June Cleaver, and Canadian women became highly stereotyped as happy homemakers (Prentice et al., 1996). Scholars argue that, in general, the media failed to question whether most women craved marriage and motherhood and instead took such assumptions for granted (Prentice et al., 1996; Spencer, 2007). In fact, former Chatelaine editor Doris Anderson (1996) remembered how senior (male) managers and editors thought she was “sick” when she suggested that married women might not be perfectly content with their domestic and maternal roles (p. 120). Instead, the mostly male-dominated and -operated mass media tended to represent career women as unhappy and unsatisfied, removing traces of women as independent, intellectual individuals (Friedan, 1963; Sangster, 1995). This shift in representations has been understood in terms of a “backlash” (Faludi, 1991), which was crucial in convincing women to return to their “natural” roles as wives and mothers, warning them of the consequences if they failed to do so. A nurse in the 1950s remembered: “The magazines, then even Chatelaine, (said) if you were a working mother, your kids were going to be convicts in time to come” (quoted in Sangster, 1995, p. 104). As a result, many mothers who worked outside the home had to balance their family’s needs with the public perception that mothers worked outside the home for selfish reasons (1995). Most mainstream media also ignored the changing nature of the work force, which included an increase in married women (Strong-Boag, 2002). Statistics show that in 1941, this group comprised only 4.5% of the work force. Ten years later, the figure was 11.2%, and the number rose to 22% by 1961 (Crabb, 1997). The disjunction between how women lived and how they were represented therefore highlights a gap between what women “were told they should do and what women actually did” (Prentice et al. 1996, p. 384).

While women were undoubtedly represented in traditional ways, Chatelaine magazine has been well praised for including “subversive” feminist content, particularly during the late 1950s and 1960s under editor Doris Anderson’s reign (Korinek, 2000). However, as will be demonstrated, feminist messages predate Anderson under the edit-
ing and continually debated the joys and challenges of marriage and motherhood (Korinek, 2000; Spencer, 2007). This, however, does not mean that Chatelaine was paradox-free, as it frequently contained articles, editorials, fiction, and advertisements that both reinforced and challenged women’s domestic roles, all in the same issue. Such contradictions have also been identified by international scholars examining postwar magazines around the world (Alexander, 1999; Anderson, 1999; Budgeon & Currie, 1995; Ferguson, 1983; McRobbie, 1996; Winship, 1987), indicating that ideological struggles during this period were not unique to Canada.

Of particular interest to this paper is a series of articles written by Dr. Marion Hilliard, who not only promoted women’s economic, professional, and emotional autonomy, but also openly discussed issues that were previously only shared among close family and friends (Strong-Boag, 2002). Anna Marion Hilliard was born on June 17, 1902, in Morrisburg, Ontario. After completing medical school in 1927, Hilliard was hired at the Toronto Women’s College Hospital, where she would later become chief of obstetrics and gynaecology.¹ Through her experience and straightforward advice, she became known “not just as a good woman doctor, but a good doctor” (Robinson, 1964, p. 5). In addition to her work at the hospital, Hilliard was a devout Christian and served as a marriage counsellor in her parish. It is jointly from her experience as a doctor and a counsellor that she derived much of her advice.

Though I, among others (Anderson, 1996; Korinek, 2000; Strong-Boag, 2002), argue that Hilliard’s messages were often feminist, Chatelaine was not widely recognized as a feminist publication during the period when her articles appeared (1954–1956).² Such credit emerged when Doris Anderson became editor in 1957, a position she held for two decades. In fact, many of the sentiments expressed by Hilliard were echoed by the second-wave feminists over a decade later, demonstrating that feminist ideas were in circulation (though not necessarily widely spread) well before the women’s movement became established, and before Anderson became editor.

Hilliard began writing for the magazine after John Clare, whose wife was one of Hilliard’s patients, approached her. Clare simply asked that Hilliard give Chatelaine readers the same advice as her patients (Hilliard, 1957). That a physician should be asked to dispense medical advice in the popular media was common during this period, as mass-market magazines have long been important sources of health information for many people (McKay & Bonner, 2002).³ Uncertain at first, Hilliard agreed to write the articles for three reasons. The first was that freelance journalist June Callwood would ghost-write her articles. Hilliard had known Callwood for many years and had delivered her three children. Callwood would also later go on to be noted for her journalistic articles that challenged traditional feminine roles (Prentice et al., 1996). The second reason was that Hilliard desperately wanted to get the message about “fatigue”—what she considered women’s most common affliction—out to the public, and it was the topic of her first article (Hilliard, 1954). Thirdly, Hilliard had just been appointed as a staff representative on a building committee for a new hospital wing of the Women’s College Hospital in Toronto, and she was conscious about raising funds. She donated all her earnings from Chatelaine to this cause and helped raise over $4 million in total (Hilliard, 1957).
In order to fully understand the discourses in operation, I used critical discourse analysis (CDA) to unpack the ideologies constructed in her work. While analysis of production and consumption have proved fruitful in past women's magazines research (see Currie, 1999; Gough-Yates, 2003), it goes beyond the scope of this paper, which is interested in identifying and analyzing the ideologies present in the magazine about gender roles and women's health, happiness, and sexuality. Consequently, this analysis focuses on the text only and is one of the research's drawbacks. When analyzing hidden meaning, however, CDA is an appropriate choice, as this method specifically aims to show how the cognitive, social, historical, cultural, and political contexts of language use and communication affect a text's contents, meanings, structures, and strategies, and vice versa (van Dijk, 1988).

Though there is no precise science in conducting CDA, I began by analyzing page placement, intertextual relations, and story narratives and noting lexical phrases, metaphors, and rhetoric. I concluded by taking an overall look at the articles, assessing which ideologies were prioritized, whom the discourse served, and what it revealed about the society in which it was produced.

Overall, while my analysis indicates that Hilliard often challenged patriarchal ideologies, I also found many instances where she reinforced them and encouraged women to “perform” traditional gender roles (Butler, 1990; 1993). Such contradictions, often found within the same article, demonstrate that despite advances in the medical profession, patriarchal views about women, their health, and sexuality were strongly entrenched. In light of these mixed results, the paper begins with a discussion of the ways Hilliard's message conformed to traditional views, how this was achieved, and what it tells us about Canadian culture during this time; it then moves on to address the ways she challenged hegemonic ideologies, indicating how popular media could be used to resist patriarchy.

Traditional views

When examining Hilliard's writings, it is important to interpret them within the context of the 1950s, rather than through today's cultural values. As a physician, Hilliard was trained to have a specific view on women's health. For many years, this view was that women are sick and that this is their normal state (Berger, 1999). This view, along with medical advances, shifted the focus from treating to preventing illness and disease, which in turn allowed physicians to increasingly interfere with healthy and “normal” women (Berger, 1999). Such interventions can also be found throughout Hilliard's work. Though her medical training surely played a large role in her advice, she states in her 1957 book, A Woman Doctor Looks at Love and Life, “I must admit that I haven't much patience for modern moralizing either, although I am a religious woman” (Hilliard, 1957, p. 12). Her strong religious beliefs had a significant impact on her advice to readers, and although she did not view her advice as moralizing, she presented a conservative position on pre-marital sex, abortion, and a woman's duty in marriage, which falls in line with popular thinking during the period. In “Dr. Marion Hilliard Talks to Teen-Age Girls” (Hilliard, 1956e), readers are encouraged to abstain from sex until marriage, despite recognition that sexual urges begin in adolescence. While aware of this contradiction between what girls want to do and what they should do,
Hilliard advises them not to put themselves in a position where they might be tempted to “go all the way” (p.48). Therefore, while this advice is sensible in a society that frowns upon pre-marital sex (Prentice et al., 1996; Sangster, 2001), Hilliard promotes patriarchal attitudes that require women, but not men, to control their sexual urges. Such views stem from the belief that men are more “naturally” sexual than women (Mitchinson, 1989), a discourse rooting men's sexuality in biology and therefore out of their control. This gender essentialism—or belief that psychological and physiological traits are predetermined in men and women—emerged quite strongly during the Victorian period, where it was thought that strengths and weaknesses of each sex complemented one another. Therefore, if men's sex drive was strong, women's must therefore be weak (Mitchinson, 1989). On a positive note, however, Hilliard's acknowledgment of women as sexual beings is rather surprising, particularly considering that Alfred Kinsey's famous (and controversial) book *Sexual Behavior in the Human Female* was only published the previous year (1953). Kinsey's findings concerned many physicians who believed that the recognition of women's sexuality threatened society's moral standards (Light & Pierson, 1990; Mitchinson, 1989), indicating that suppressing this knowledge was important in maintaining patriarchal power. Hilliard herself admits that she initially disbelieved the ferocity of women's sexual desires and needs, but came to accept it after practicing 25 years as a gynaecologist and obstetrician:

I believed then, as almost all women do, that a woman controlled the quality of her relationship with a man. If he became intimate, I reasoned, it was because she deliberately chose to let it happen.

This just isn't true. I'm wiser now, and I realize that there can come a moment between a man and a woman when control and judgment are impossible. An easy companionship travelling at about ten miles an hour can shift to a blinking passion going a hundred miles an hour without any warning, soundlessly. In a moment by glandular whim that makes a mockery of conscience and discretion [sic], the self-respect and composure of the woman may be eternally damaged. (Hilliard, 1956b, p. 17)

Here, Hilliard recognizes that hormones equally affect men and women, yet it is still the “self-respect” for women that is “eternally damaged.” Hilliard also reassured girls that they did not have to pay for a date with necking (1956b). This advice runs contrary to cultural norms at the time, when it was expected for girls to “reward” boys with petting or necking after a date (Bailey, 1988). The problem, according to Hilliard, is that petting or “sleeping around” is “destructive for a woman” (1956b, p. 50). She goes on to add: “Even if she avoids the formidable threat of pregnancy, her physiological pattern is shocked and mortified by the callous emptiness of promiscuity” (p. 50). Herein lie some of the contradictions within Hilliard's advice. While recognizing that women are sexual beings, she employs discourses of gender essentialism to suggest that women (but not men) are psychologically damaged by such sexual encounters. While I do not wish to deny the social stigma attached to girls at the time who were known to “sleep around,” I would argue that such psychological harm is more of a
social construct (evoked by guilt) than something innate in all (unmarried) women. Such sentiments reveal the extent to which a belief in sex roles, or the false belief that men and women are innately different, was entrenched, privileging men (and their pleasure in sexual encounters) over women. Such views are perhaps unsurprising, as second-wave feminists only began to systematically challenge the notion of sex roles in the 1960s and 1970s, well after Simone de Beauvoir’s *The Second Sex* (1989) discussed the social construction of “gender roles,” a socially imposed division of the sexes, maintained through ideology, which are a key site of patriarchal power.6

**Women in marriage**

Another area where Hilliard supported traditional views of women’s roles was in marriage. Here, she reiterated the popular belief at the time that a happy marriage was mostly a woman’s responsibility:

> I have stated many times, and I still believe it, that the burden of creating a happy marriage falls mainly on the wife. A man's life is much more difficult than a woman's, full of the groaning strain of responsibility and the lonely and often fruitless search for pride in himself. A cheerful and contented woman at home, even one who must often pretend gaiety, gives a man enough confidence to believe he can lick the universe. I'm certain that the woman who enriches her husband with admiration and her ready response gets her reward on earth, from her husband. (Hilliard, 1956c, p. 9)

That women’s reward in life is a successful husband who can “lick the universe” indicates that their role is not to lead their own lives, but to support their husbands. The passage also reinforces patriarchy and capitalism by ignoring the (unpaid) domestic work women do at home, instead conferring status upon men merely because their work is performed in the public sphere, which is hierarchically ranked as more important than the private sphere (Cirksena & Cuklanz, 1992). Though the discourse seeks to disguise this distinction as “natural,” feminists have identified patriarchy as responsible for this sexual division (Jaggar, 1983).

In addition to being responsible for keeping a happy marriage, Hilliard advised women to look good, be available for sex, and act pleased in order to make their husbands happy, regardless of their own feelings. She warned that failure to maintain this performance would likely drive their husbands into other women’s arms (Hilliard, 1954). This advice was particularly aimed at menopausal women, who frequently lose their sexual drive and tend to be moody. Despite the fact that menopause frequently lasts five years or more, Hilliard continues to advise women to engage in sexual activities with their husbands, lest their husbands find younger women to fulfill their needs:

> During her menopause she must make sure that she maintains sexual relations with her husband despite her weakened inclinations. It's like keeping up the payments on her home—in this case she is ensuring that her sound and healthy marriage will last. (1955a, p. 62)

This passage insists on a man’s right to sex, which was then viewed as a legitimate part of the marriage contract (Light & Pierson, 1990), and states that if his wife refuses to engage in sexual activity, it is reasonable for him to seek it elsewhere. Ultimately,
then, what Hilliard argues is that the burden of a solid sex life resides with the wife: “Contrary to popular opinion, it is the woman and not the man who determines whether the act of love will enrich her life or curse it” (1956a, p. 39). And while Hilliard certainly promotes the idea that women, too, have a right to sexual pleasure, she also strongly advises them to feign it for their husbands’ benefit:

A man can feel kinship with the gods if his woman can make him believe he can cause a flowering within her. If she doesn’t feel it, she must bend every effort to pretend [sic]. It’s the worthiest duplicity on the face of the earth. I heartily recommend it to discontented wives. It gives a man his manhood, a quality of glorious robustness that cannot fail to reward the giver. Thousands of women who have begun this sort of benign sham have discovered that their pretend delight rapidly became real. (1956a, p. 39)

Although Hilliard’s frank discussion of women’s health problems and their sexual desires is certainly ground-breaking in such a mainstream publication, she reinforces patriarchal views on women’s need to please their husbands, despite their own (un)happiness. While insisting on women’s continued engagement with sex is perhaps unique, Hilliard falls in line with other Canadian and U.S. home and family “experts” during the 1950s who stated that women’s basic satisfaction came through service (sexual or otherwise) to others and was situated in the domestic sphere (Strong-Boag, 2002).

The final discourse in which Hilliard’s traditional views emerge is in her idea that women are controlled by their biology.

**Women are controlled by their biology**

One notable aspect of Hilliard’s articles was her failure to challenge the physically weak role assigned to women’s bodies during this period, while upholding the view that women’s biology controls their lives:

Femaleness, as any doctor will tell you, is savage. Woman is equipped with a reproductive system which, even if she never uses it, dominates her fiber [sic]. It has vicious power that can leap out of control without the slightest warning, while a man and a woman share a companionable chuckle or happen to touch hands. In the time it takes to blink, they have reached a point of no return. (Hilliard, 1956b, p. 17)

As a physician, Hilliard was trained to have a specific view of the female body (Mitchinson, 1997), which she rarely challenged. Gynaecology in particular was predicated on the assumption that a woman’s reproductive system is prone to disease and that women are “at risk” at almost every stage of their lives, beginning with puberty (Berger, 1999; Mitchinson, 1989). As a star hockey player in university and an all-around athlete, Hilliard should have known first-hand how strong women’s bodies were, but she instead promoted the idea, as did most physicians at the time, that women were dominated by their bodies, not vice versa (Mitchinson, 1997): “There is inevitably in being female, the turmoil of endocrinal change that ushers in the childbearing years and ushers them out thirty years later” (Hilliard, 1957, p. 8). Hilliard also described adolescence as a time of physical growth and upheaval of the entire nervous
system (1956e). As a result, she advised parents to ensure their daughters got plenty of rest. Many physicians during this period thought that the female body only had a finite amount of energy, which should be saved for developing the reproductive system (Berger, 1999; Mitchinson, 1989). Hilliard's article on menopause created the image that the body was failing—a common belief in the 1940s and 50s, where menopause was actually known as a “deficiency disease” requiring hormone therapy (Berger, 1999; Feldberg, Ladd-Taylor, Li, & McPherson, 2003). Hilliard also blamed shifting hormone levels in pregnancy for women's drastic personality changes, making it appear out of their control (Hilliard, 1957). Similar sentiments about innate “weaknesses” in men's bodies have not been documented, as their comparative strength is the norm against which women's bodies are judged (Berger, 1999; Mitchinson, 1989, 2001).

I wish to end this section by noting that, while Hilliard conformed to traditional views regarding several areas of women's health and roles, these were not particularly surprising or uncommon at the time. While she was indeed ground-breaking in many respects (as will be discussed below), it is also unrealistic to assume she always challenged the status quo. Therefore, rather than criticizing Hilliard for promoting traditional views on women, it is more fruitful to ask why such views dominated and what they say about Canadian society at the time. I argue then that where she was most traditional, her views reflected the notion of “natural” gender differences, both physical and psychological, which were (and still are) very difficult to challenge. From a critical perspective, such views sustain the ideological system of patriarchy, which privileges men (and masculinity) at the expense of women (and femininity). Consequently, while Hilliard certainly promoted a shift in cultural values during this period (such as the recognition of women's sexuality), she did not fundamentally challenge the ideological foundations of society (patriarchy). For now, however, I wish to turn to areas where Hilliard's advice truly was ground-breaking and to examine how she managed to challenge dominant ideologies and present critical, counterhegemonic views.

Challenging traditional norms

Where Hilliard was most ground-breaking was with regard to the accessibility of her message, her frank discussion about sexuality, her dissemination of knowledge about women's mental and physical health, and her promotion of the message that all women need to work for fulfillment.

According to Korinek (2000), Hilliard's Chatelaine articles were significant because they were available in an accessible, respectable forum. It is important to note that most physicians at the time openly provided such candid medical information, but it was normally published in medical journals or books, not women's magazines (Robinson, 1964). That the articles were published in Chatelaine is also significant, as it was a leading magazine at the time with a vast, national readership. Although some scholars question how representative letters to the editor are (Grey & Brown, 1970, cited in Wahl-Jorgensen, 2002), they can be useful for measuring how the public engages with issues, identifying points of contention, affirmation, or uncertainty. Korinek's (2000) analysis of letters to the editor in Chatelaine in 1960 also indicates that the magazine consistently published a representative sample of those it received. With regard to Hilliard's articles, letters to the editor can be used to indicate how truly
ground-breaking and useful her advice was. Mrs. A. Arthur from Grenfell, Saskatchewan, wrote: “I wish I had known as much about the menopause some ten years ago. ... I also liked Dr. Hilliard's writing on fatigue last year. Women have been kept in the dark for so long. Thank you for a fine magazine” (Arthur, 1955, p. 3). Mrs. A. H. from London, Ontario, had similar comments about the articles “Woman's Greatest Blessing” and “The Four Fears that Prey on Women”:

Dr. Marion Hilliard's articles really fill the gap in women's lives that so often never seems to be quite closed, because we don't know that much about ourselves. ... [S]he is doing a wonderful service in discussing these problems openly. (H., 1955, p. 4)

Korinek (2000) argued that the popularity of Hilliard's articles was significant when one takes into account the fact that this was an era not known for favouring blunt, direct talk about sexuality, menopause, menstruation, childbirth, and other “private” matters. Marion Robinson agreed. In her biography Give My Heart: The Dr. Marion Hilliard Story, she writes, “[w]hen boy-girl relationships came up, [Hilliard] went right to the heart of the matter, giving sex education matter-of-factly” (1964, p. 153). Some of Chatelaine's bestselling issues featured articles written by Hilliard (Anderson, 1996; Korinek, 2000), including “Woman's Greatest Hazard: Another Challenging Article” (Hilliard, 1956a). Here, woman's greatest hazard was sex in marriage. The editors made a note inside the issue that stated:

A reluctance to talk about this basic personal problem has caused confusion and unhappiness to countless women. This is why Chatelaine presents this frank, intelligent article by one of Canada's most respected woman doctors.

(Clare, 1954, p. 1)

Hilliard's Chatelaine articles were not the first times she dispensed the hidden truth to the public. In 1952, she delivered a baby live on the radio for CBC's Let's Find Out (Robinson, 1964), a feat that was unheard of at the time. Her bluntness continued after Chatelaine as well. She had planned to do a CBC documentary in 1957, after her retirement, that would follow a pregnant woman from the start to the end of her term, but Hilliard died of cancer before finishing this project (Robinson, 1964).

Though “Women's Greatest Hazard” was about sex, it differed from much of the sex advice presented in today's women's magazines, such as Cosmopolitan, because Hilliard assumed a general knowledge of sex and discussed the differences in emotion and atmosphere needed between the sexes (Korinek, 2000). Korinek admits this was not the first article to discuss women's sexual capacity, but it was still among the first that “broke the silence that still hindered public discussion of sex” (2000, p. 298). Hilliard stated that unlike with women, atmosphere does not take away from men's enjoyment of sex where the pleasure is constant (Hilliard, 1956a). She also stressed that men should not stop wooing their wives after marriage and suggested that the modern insistence on the female orgasm was a mistake. The fact that the issue sold out on newsstands demonstrates the popularity of Hilliard's articles, although letters to the editor prove that not all readers were happy to have such forward information:
I am disgusted and horrified. Is nothing sacred and personal anymore? ... I think you should know how articles of that sort appear to women of my sort—the better educated, more carefully brought up sort—in other words (old-fashioned, but true) a lady—Mrs. John A. Brown, Toronto. (Brown, 1956, p. 3)

While this letter-writer was certainly not pleased with Hilliard’s message, it does indicate that statements such as “I believe that a happy bedroom is the core of a marriage” (Hilliard, 1956a, p. 67) were unconventional. Though a trailblazer in many respects, Hilliard was not a lone voice on this matter. Popular psychologists such as Samuel Laycock also began to recognize the benefits of openly discussing sex and argued that parents should share such information with their children without fear or disgust (cited in Gleason, 1997).

Sharing knowledge on women’s mental and physical health
Despite practicing medicine for over 25 years, Hilliard (1957) stated that most of her authority came from unscientific observations rather than medical knowledge. This in part is unsurprising, as the “scientific revolution” of the mid-twentieth century allowed doctors to expand their area of expertise into traditionally non-medical spheres. Doctors became spokespeople of health, body, and psyche (Mitchinson, 1989). Hilliard very much believed that good doctors must also be sociologists, as many disorders were not rooted in physical, but mental and emotional ailments. However, what is notable about Hilliard is that despite practicing medicine in a time of increased information and scientific progress, she did not usually say the cure was medication. Rather, she felt women needed to help themselves, find some self-esteem, and ask others for help. She often told patients, “Don’t waste your strength in being outraged because life is difficult for you. Assume that life is naturally difficult, and will never be easier. Accept the inevitable and live vigorously” (1954, p. 12). The article “An Open Letter to Husbands” (Hilliard, 1954) addresses the fact that many women become depressed after giving birth and argues that rather than bottling up their feelings, women should turn to their husbands for support. In this sense, postnatal depression was not just a “woman’s” problem, but a family one.

Despite her reluctance to recommend medicine, Hilliard often medicalized women’s problems (Mitchinson, 1997): “Doctors have known for a long time that fear is a medical problem. It causes ... a variety of physical disturbances ranging from an irregularly beating heart to indigestion” (Hilliard, 1955b, p. 9). In her solution, however, she states,

Don’t suffer twinges of discomfort in silence just to show how courageous you are. Most important, don’t keep this to yourself. Your husband’s understanding will be your cure. A woman can face any fear as long as she isn’t alone (p. 9).

Articles such as this one were important because they demonstrated how little women knew about their own mental and physical health. As a physician, Hilliard saw first-hand how the lack of this type of information negatively affected women’s lives. In her article about menopause (Hilliard, 1955a), she debunked myths that it could cause addiction, increased fertility, or hair to turn white. Her first Chatelaine article, “Woman’s
Greatest Enemy Is Fatigue,” detailed at great length the physical effects of fatigue, or a sensation from being tired for long periods of time. Hilliard explained that “fatigue” was a word used by medical research, along with “stress,” to explain “heart attacks and ulcers in young people” (1954, p. 2). She went on to write that fatigue “does not mean physical exhaustion from labour” (p. 3), but is a “state of apathy towards tomorrow, or headaches, backaches, crying spells, heaviness of body and mind” (p. 57). Hilliard lamented women’s ignorance about fatigue because she said every woman would experience it at some point in their lives. As with other common afflictions, the cure was not medication or science—rather, it was finding a hobby or part-time work (1954). Such advice was not just unusual during this time, but was in fact contrary to the many experts who thought it was impossible for women to be good wives and mothers if they worked (Strong-Boag, 2002). Yet this was one of Hilliard’s strongest messages throughout many of her writings.

**Women need to work**

I believe that the most important thing I know about women, after twenty-five years as an obstetrician and gynaecologist, is that women need not weep, but they must work. (Hilliard, 1956d, p. 11, italics in original)

Hilliard knew first-hand that women needed work to find fulfillment. This was something she strongly believed in and promoted throughout her book and many articles. Her definition of “work” was rather loose and included “any activity that fulfills needs,” including both paid and unpaid labour (1956d, p. 90). In this respect, Hilliard was ahead of her time in valuing women’s unpaid work, including volunteering and any work inside the domestic sphere, work that has traditionally had been ignored or undervalued (Jaggar, 1983). Furthermore, rather than assuming domestic life was bliss, Hilliard was a realist and insisted that the prevailing image of the “slightly plump woman in the cotton print dress, surrounded by darling, golden-hair children as she bends over an oven door to take out a pan of biscuits” was a fantasy, and that women needed more in life than just their children and husbands (Hilliard, 1956d, p. 11). Consequently, while Hilliard did not advocate a revolution by, for example, rejecting masculinity or femininity, she did urge reform in (middle-class) women’s roles: “Women need to work to gain confidence in themselves. Women need to work in order to know achievement. Women need to work to escape loneliness. Women need to work to avoid feeling like demihumans, half woman and half sloth” (Hilliard, 1956d, p. 90).

Not the first to recognize that work can be fulfilling for women (see de Beauvoir, 1989), Hilliard chastised those who wanted to work for money or materialism, arguing such motives were wrong and shameful:

I’d like to emphasise immediately that I have several convictions about why women should work, and none of them include money. To take a job merely for the sake of a pay cheque is a spiritless and degrading business. It’s the blight of our times—men and women working at grey, loathed occupations for the sake of income. It flies in the face of the human necessity to take pride in a job, and the repetitious agony of an occupation that gives no satisfaction.
can lead to mental or physical breakdown. (Hilliard, 1956d, p. 11, 90, italics in original)

Hilliard's experience, like that of her patients, was based on a White, middle-class, Anglo-Protestant existence (Mitchinson, 1997), and it fits scholars' assertion that Chatelaine constantly presented the ideal Canadian woman as modern, White, middle-class, and urban (Korinek, 2000; Spencer, 2007). While radical in recognizing that women were capable of being more than "just housewives," her statements alienated women who worked by necessity and who lacked the luxury of choosing a profession that they found fulfilling. Hilliard's advice also ignored the changing workplace patterns for married women, who increasingly took up paid labour after marriage (Coote & Campbell, 1982; Crabb, 1997; Korinek, 2000). These changing patterns were associated with a growing affluence and consumer capitalism, which increased the numbers and types of jobs for both men and women, as well as the range of goods and services available. Additionally, the pressure to "keep up with the Joneses" was likely a motivating factor in women's decision to work, and Hilliard's advice on only accepting fulfilling jobs therefore seems not only elitist, but outdated.

Though middle-class in many regards, Hilliard also noted some practical reasons for working. In one article, she wrote that many married women did not learn a trade before marriage and relied on their attractiveness to get by, which she said would one day fade. She also warned women that divorce was becoming more common and advised them to be cautious and develop some skills in case they faced this situation (Hilliard, 1956e). Advocating for women's economic autonomy could be seen as truly radical during this period, and it fits in well with feminist traditions of encouraging women's financial independence—a major goal of second-wave feminism (Boucher, 1983; Bryson, 2003; de Beauvoir, 1989; Jaggar, 1983). Hilliard (1956d) even argued that having a working mother would help children learn responsibility, as the mother would serve as their role model. For working mothers who undoubtedly faced criticisms of their parenting skills, Hilliard alleviated some of their guilt and stressed that it was quality, not quantity, of time spent together that mattered.

Through her advice regarding working mothers, Hilliard demonstrated an awareness that not all women's life goals rested in the home. She also sympathized that when professional women such as lawyers and doctors “disappear into the suburbs, it is agonizingly difficult for such a woman to be content peeling potatoes” (1956d, p. 95). These are similar sentiments to those expressed seven years later in Betty Friedan's seminal book *The Feminine Mystique* (1963), which describes women's yearning to be more than "just a housewife." Because Friedan's work was so explosive and life-changing for many women, it is important to note that Hilliard advocated the same message almost a decade earlier. Not only did Hilliard tell women it was okay to "Stop Being Just a Housewife," as her article was titled, but she also warned women not to short-change their education for marriage:

Men preparing themselves for a profession usually continue with their education after marriage, but a woman almost inevitably stops her education at the first clang of the wedding bells. She believes, and she is dead wrong, that her training is of no importance. Many women tell themselves that they can
always finish their course later, but later never happens. A middle-aged housewife is so rare in a university that she’s newspaper copy. No woman should ever be concerned that her training as a teacher, a business-machine operator or a dietician will ever be wasted when she marries. (Hilliard, 1956d, p. 92)

Single women were not excluded in such advice either and were an important topic in the postwar era, which faced a gender imbalance in the population after thousands of men died in battle (Light & Pierson, 1990). Rather than directing single women to perform femininity, Hilliard advised them to “plunge themselves into a professional challenge that is almost too big to handle” (1956d, p. 96). A job for single women would not only act as a distraction from their spinster status, but give them something to focus on in lieu of a baby. Hilliard also suggested that unmarried women should live together, never “sleep around,” and accept the fact that they would never have children (p. 94). One might wonder if Hilliard took her own advice in this regard, as she was a single woman who had never married or had children, and she was in a romantic relationship with a female social worker named Opal Boynton (Korinek, 2000; Mitchinson, 1997). As Korinek points out, “It’s ironic that Chatelaine’s most respected and beloved expert on women’s heterosexuality and health was a middle-class, closeted lesbian professional” (2000, pp. 295-296). This statement is not entirely accurate. Though Chatelaine never publicized Hilliard’s sexual orientation, she was candid about her relationship with Boynton to friends and colleagues (Korinek, 2000). However, Boynton is (unsurprisingly) absent from all of her writings, as same-sex relationships were not widely socially or culturally acceptable during this period. However, while never publicly candid about her sexual orientation, the public was aware that Hilliard was unmarried, and she discussed the criticism she received for being a single woman writing about marriage in her 1957 book. In response to such criticisms, Hilliard (1957) maintained she had a right to discuss marital problems because she served as a marriage counsellor and had listened to thousands of married women’s problems over the years. She also argued that being single gave her an objective view of the matter: “A married woman knows only one man,” while she had heard stories from many (p. 15). Though cautious when sharing information about her relationship with Boynton, Hilliard (1957) did disclose some personal experience with readers, and she admitted that she once was almost engaged, but blamed falling asleep on an important date as the reason it fell through. According to Robinson, Hilliard “always felt a shredding sense of failure” for never marrying or having a baby (Robinson, 1964, p. 170), indicating that regardless of how successful a woman may be in her career, she is incomplete until she fulfills her role as wife and mother.

Hilliard in a new light
When examining Hilliard’s writings collectively, it is difficult to sum them up succinctly. While ground-breaking in several respects, she often reinforced patriarchal, middle-class views on gender roles and women’s health issues—views that were dominant at the time. As Veronica Strong-Boag notes, “Home-grown authorities like popular gynaecologist Dr. Marion Hilliard of Toronto Women’s College Hospital regularly voiced the conservative conclusions of the contemporary social sciences” (2002, p. 317). Such con-
clusions contradict scholars such as Korinek (2000), who argue that Hilliard frequently challenged the status quo. Such statements indicate that contradiction lies not only in her message, but in how she has been remembered. In analyzing Hilliard's publications, academics need to take into account the nuances of her messages and the paradoxical ideologies she promoted: women were told to stay at home and be housewives, but that they could also have an identity of their own. Her articles also reveal progress in attitudes toward recognizing women as sexual beings, even if this was confined within heterosexual, monogamous limits, and thus within patriarchal power. She assumed readers were heterosexual, even though she was not. She encouraged women to find a husband and have a family, though she had neither. She told women to strike out on their own to find fulfilling work, but warned them not to stray too far because their duties as wife and mother should still be their first priority.

While it would be easy to criticize Hilliard for upholding many patriarchal ideologies, it is important to remember that she was a product of her time and to note that radical social and cultural change does not happen overnight. Until the end, she earned genuine respect from her colleagues, trust from her patients, and friendship from the millions of readers who knew her only through the pages of Chatelaine. Overall, her articles are useful to understanding Canadian society, including the ways women's roles, nature, and sexuality were constructed, upheld, and sometimes challenged during this tumultuous period.

Notes
1. That a female doctor would gravitate toward specializing in women's or children's health was common practice at this time (Mitchinson, 2001).
2. Spencer (2007) writes that there was little evidence of equality-based feminism found in Chatelaine in the early 1950s.
3. Korinek's analysis of letters to the editor demonstrates that many Canadian women turned to Chatelaine for advice on how to improve themselves, their families, and their homes through the use of expert advice. For example, one regular column was titled “Young Parents” or “Your Child” and was written by nutritional researcher Dr. Elizabeth Chant Robertson (Korinek, 2000).
5. For more information on a discussion of the concept of gender and sex, see Butler (1990; 1993) and Butler & Salih (2004).
6. Furthermore, marriage laws during this time also failed to acknowledge rape within marriage, as a husband was seen to be legally entitled to sex from his wife, whether it came forcibly or not (Light & Pierson, 1990).

References


Hilliard, Marion. (1955a, April). The menopause is woman’s greatest blessing. Chatelaine, pp. 16-17, 62-65.

Hilliard, Marion. (1955b, July). The four fears that prey on women. Chatelaine, pp. 9, 40-43.


Hilliard, Marion. (1956b, February). Dr. Marion Hilliard talks to single women. Chatelaine, pp. 17, 47-52.

Hilliard, Marion. (1956c, August). Dr. Marion Hilliard’s open letter to husbands. Chatelaine, pp. 9, 52-54.

Hilliard, Marion. (1956d, September). Stop being just a housewife. Chatelaine, pp. 11, 90-95.

Hilliard, Marion. (1956e, October). Dr. Marion Hilliard talks to teenage girls. Chatelaine, pp. 11, 100-103.


Mitchinson, Wendy. (1997). Marion Hilliard: “Raring to go all the time.” In E. Cameron & J. Dickin (Eds.), *Great dames*. (pp. 227-244). Toronto, ON: University of Toronto Press.


